



Memorandum

#10-028

TO: Regional Medical Directors for
Health Service Regions 4/5, 6 & 5 South, 9/10 and 11
WIC Local Agency Directors

FROM: Linda Brumble, Unit Manager
Nutrition Education/Clinic Services Unit
Nutrition Services Section

DATE: March 12, 2010

SUBJECT: Formula Conference Call Notes

Attached are the notes to the Formula Conference Call that was presented on January 12, 2010 and January 19, 2010. A list of questions and answers that were discussed during the call are also included with the notes.

If you have any additional questions or require additional information about this memo, please contact Cathy Plyler, Clinical Nutrition Specialist, Clinic Services Branch, at (512) 341-4577. or cathy.plyler@dshs.state.tx.us, or Maricela Montoya, Clinical Nutrition Specialist, Clinic Services Branch, at (512) 341-4578 or maricelapmontoya@dshs.state.tx.us.

Attachment

FORMULA CONFERENCE CALL NOTES

JANUARY 2010

FORMULA CHANGES

- The following formulas have been added to the clinic formula tables for issuance as of February 10, 2010:
 1. **Enfamil Premium**-standard milk based alternative to Similac Advance EarlyShield that contains a prebiotic. Enfamil Premium (**code 483 for powder**) has a prebiotic added to the original formulation; it is not the same as Enfamil LIPIL powder (**code 319**).
 2. **GS Protect Plus**-standard milk based alternative to Similac Advance EarlyShield that contains a probiotic (formerly known as GS Natural Cultures)
 3. **GS Protect Plus 2 (24 oz)**-standard milk based toddler alternative that contains a probiotic

Contract formulas would need to be trialed first, unless medically contraindicated, before issuing these formulas. They are in the standard non-contract formula category and are a Level one approval. The TX WIC formulary will be updated with reasons for issuance and information concerning these formula choices will be included in an updated version of the IDL "Formula Approval 101."

4. **Kid Essentials** is a 30 calorie pediatric supplement available in six packs. This is a retail formula and should be available locally. Each container is 8.25 ounces and has a straw attached. The straw is inedible. It contains the probiotic which is ingested with the first sip of formula. The product is called *Boost* Kid Essentials but will be listed as Kid Essentials in your picklist. Do not confuse this formula with the institutional version, Boost Kid Essentials 1.0. The institutional version cannot be purchased in the grocery store, does not have a straw and is in a different size container. The institutional version will not be authorized for issuance. The drop ship vendors *can* order the Kid Essentials with probiotic straw if it is not available in your area. Make sure you specify that it is the 8.25 oz size with the straw.
 5. **GS Gentle Plus 2 and GS Soy Plus 2** can sizes have been changed from 12.9 oz to 24 oz. These were formerly known as Good Start 2 w/DHA/ARA and Good Start Soy 2. These formulas should only be issued when the contract alternative is not tolerated or medically contraindicated.
- **Next Step LIPIL** will now be called **Enfagrow Premium Next Step**. *Note: Since the formula conference call was presented we have been informed that this product does not contain a Prebiotic.*
 - **Next Step Prosobee LIPIL** will now be called **Enfagrow Soy Next Step**. The picklist will reflect both names (ex: "Enfagrow Premium/NSL Powder"). **The UPCs and formula codes are not changing.** Please expect a period of transition. A participant can purchase the formula with either label. So, for example, if the participant has NS LIPIL already loaded on the card, she will be able to purchase cans with the Enfagrow Premium name change. Inform participants on this formula of the name change. You may already be seeing the newer product on the shelves and requests for the formula with the new name.
 - The manufacturer is also producing a "**Vanilla**" flavored version of the Enfagrow Premium. Texas WIC is not authorizing vanilla flavored Enfagrow at this time.

- **Nestle infant/toddler formulas** will change to “Gerber” as new product is shipped to stores starting in the spring. This does not affect benefit issuance. We do not include the manufacturer name on these products.
- The following formulas have been discontinued:
 1. **Good Start Nourish Plus (non-DHA/ARA variety) formula code: 012**
 2. **Boost with Fiber (code 095) (please note: there was an error on the original slide but it has been corrected on the attached power-point).**

Please stop using the codes for these formulas now. The codes will remain in the *Picklist* until advance issued benefits are redeemed and to allow for formula exchange.

- **Similac Advance RTU 8oz (code 473) and Isomil Advance RTU 8oz (code 474)** will no longer be available on the picklist. These formulas were added only for disaster situations (e.g. hurricanes) and were not intended for usual issuance. These formulas are available in 32 oz containers and can be issued according to policy FD 15.0 (for poor or inadequate water supply and an inability to properly mix formula).

FORMULA ISSUANCE REMINDERS

- **Participants and Shopping for Special Formulas**
We encourage local agencies to work with pharmacies and stores in their area to avoid drop shipment when possible. However, there have been increased incidences of participants not being informed that the special formula they need is not available in their local grocery store. Many level 3 and 4 formulas, as well as some level 2 formulas, need to be special ordered by a pharmacy or purchased from a WIC only store or durable medical supply company. This varies by geographical area. Please do your best to direct your participants to the appropriate vendors in your area.
- **Nutramigen LIPIL 16 oz powder (code 032) has been discontinued. Please stop issuing this formula code. It has been replaced with Nutramigen LIPIL LGG 12.6 oz powder (code 480). Nutramigen LIPIL LGG contains a probiotic. Use code 480 if Nutramigen powder is needed.** Both codes have remained in the picklist to allow for transition. Please note the doctor does not need to be contacted if there is a request for Nutramigen and Nutramigen LGG is not specified. If desired, Nutramigen LIPIL concentrate and RTU are still available without LGG.

PREMATURE INFANTS & FOOD PACKAGES

- **Formula and food packages are issued automatically at 6 months of age.** Premature infants, infants with developmental delays or tube feeders may be unable to consume baby foods at this time. Please schedule return visits for these infants at 5 months of age to determine the appropriate food package.
- Once formula and foods have been issued, the food package cannot be changed for the current month. It may require some “creative” scheduling to have participants return at the 5th month of age for a visit with the CA (PC or HR visit) instead of a class appointment. You may want to provide the participant with a medical request form at the initial formula request visit with recommendations to discuss feeding plans with the health care provider (HCP) and return the form at the 5 month appointment with food package choices selected.

- **Exempt** formula recipients who are unable to eat baby foods are eligible to receive an increased amount of formula when requested by the physician. If the health care provider checks “provide formula only” on the medical request form, then food package 454 should be issued. This code should not be assigned based on participant’s request, (i.e., participant doesn’t want baby food so she can obtain more formula but there is not an indication by the HCP to omit foods.) Infants on contract formulas or non-contract standard formulas are not eligible for this food package; they are not able to receive increased formula quantities in lieu of baby foods, even if tube fed. They can be issued food package 552 if they are unable to consume baby food and need formula only.
- **Formula Exchanges and issuance during 11 months of age.** Formula is usually provided during the month an infant turns one year. A subcert is usually due during this month and may be completed before the infant’s birth date. If a formula exchange is required during this month, remember to complete the formula exchange prior to subcerting the infant. The system will not allow the exchange once the classification has changed from infant to child. Other related issues may occur during this transition month and require a call to the help desk or formula pager. Be aware that some situations may not be able to be “fixed”.
- **Tolerex and Ketocal 4:1** are now available for children 9 months and older.
- **Duocal, Polycose and other powdered modular products** are no longer provided by Texas WIC, due to the reconstitution requirement for calculating formula quantities. Liquid modular products such as MCT oil and Microlipid are still available.
**Note: We recently received information on reconstituted amount on Duocal and may be adding it in the near future.*

POLICY CLARIFICATIONS

FD 15.0 ISSUANCE OF READY TO USE (RTU) FORMULAS

1. **All** formulas can still be issued in RTU form if there is an inability to properly mix the formula or for poor water supply (as in pre-NFR). New food rules allow additional reasons to issue RTU formula however these apply to **EXEMPT** formulas only. A RTU **exempt** formula can be issued to better accommodate a participant’s medical condition or to improve a participant’s compliance in consuming the prescribed formula. Do not use these reasons when the formula requested is a contract formula or a standard non-contract formula.
2. The rice starch added formulas, i.e., Similac Sensitive RS and Enfamil AR LIPIL are *not* exempt and cannot be issued in the RTU form for the new reasons reviewed above. Contact the formula pager if you receive a request for RTU contract or standard non-contract formulas outside of policy (i.e. inability to properly mix formula or poor water supply).
3. Standard non-exempt RTU formula does not require a medical request unless it does not meet reasons for issuance as described in policy FD 15.0.

For example, mom is incapable of mixing formula correctly due to mental or physical impairment and the infant is on Similac Advance Early Shield. The CA is aware of this and can issue RTU without a medical request.

Another example is that a medical request is presented for EnfaCare. The infant is tube fed and the mom requests RTU. This would better accommodate the infant’s medical condition and improve compliance in consuming the formula. The CA can issue RTU even though RTU is not specified on the medical request form.

4. Document the reason for issuing the RTU formula in the participant's chart.

OTHER POLICY CLARIFICATIONS

Signing the release of information section of the new Texas Medical Request Form- WIC is not under HIPPA regulations, so the release of information is not required to obtain or provide necessary information. The HCP, however, may request a signature for their records. If a form is received that is not signed, do not delay formula approval and issuance. The revised medical request form will not have the release of information printed on it. If a release is required, you may use a separate form that is available on the food/formula page of the DSHS website at <http://www.dshs.state.tx.us/wichd/nut/pdf/Releaseinfo.pdf>. Updates to policy FD 16.0 will reflect this change.

1. **As of January 1, 2010 special formula requests will only be accepted on the Texas WIC medical Request Form.** Though we do not want to create a barrier to service, we need to encourage HCP's to use the new form.
 - To assist the physician and expedite the approval process, you could transcribe the information provided on a new form, indicate any missing information that needs to be provided and fax the form to the doctor for a signature. Fax a blank new form to the doctor as well for future use.
 - You can also contact the HCP and obtain missing information over the phone and document accordingly, as long as you have a signature from a prescriptive authority on file.
 - If you cannot get in touch with the HCP, then call the state formula pager.
2. **Discharge papers and hospital scripts** will require clinics to contact the state formula pager for now. In the future, additional guidance will be provided in a revision of *FD 16.0*.
3. **Shopping lists and drop ship suppliers.** Do not provide drop ship providers with shopping lists when you are drop shipping formula, even if requested. *The Drop Ship Order Form* is all that is required. Changes or differences between what is on the shopping list and order form can cause confusion and problems with claim payment.
4. **Soy milk issuance and assessment**
 - Soy milk request for a child only requires an Rx which includes a diagnosis. An assessment and approval is not necessary. The Rx is valid for as long as the child receives WIC. The mom can change back to a regular food package upon request.
 - However, considering that soy milk is low in fat and calories, it is best practice to evaluate a request for soy milk if the child is **less than** two years old. Since an assessment or approval process is **not** required to provide soy milk, consider the following guidelines:
 1. Check the previous growth measurements when soy milk is requested for a child **less than** two years of age. If the weight for length is at or below the 10th percentile, consider discussing the soy formula option with the HCP. Issue the soy milk food package for one month if you are unable to reach the HCP.
 2. If previous growth measurements are unavailable or out dated, you can issue the soy package for one month and refer to nutritionist, contract or high risk RD at the next appointment. The RD can perform an assessment and contact the HCP with recommendations as appropriate.

- **On the current Rx form**, soy milk and tofu are listed separately and the HCP must choose both to receive the soy milk and tofu food package. On the updated form, the options will be to choose either soy milk /cheese OR soy milk /tofu based on the diagnosis. This will make the food package assignment easier. In the meantime, if a milk allergy is diagnosed, issue the soymilk/tofu package. It is more appropriate to refuse cheese if the child is allergic to milk products.

5. Food Package Assignments and Food Allergies

- Another problem occurs when the HCP fails to mark “foods to omit” with a diagnosed food allergy or marks “issue full provision of foods” when a food allergy is present or noted by the caregiver. In these cases, first try to contact the HCP to clarify. If you are unable to contact the HCP, use your professional judgment and omit the appropriate foods from the food package. You can choose to issue one month until you receive clarification for the HCP. It is best to err on the side of not providing the questionable food. Call the formula pager if you need assistance.

COMING SOON

- **Updated Texas Medical Request for Formula/Food.** The form has been redesigned based on feedback from local agencies. It should be available in early spring. A survey monkey was recently sent out to local agencies to obtain the number of copies needed. The new forms will be sent automatically. It will be available on the WIC website for download before printed versions are shipped.
- **Updated Formula Trainings-**Updated Formula Approval Trainings will be provided in 2010. The first training, *Introduction to Formula Approval*, was presented in January. This training covered basic formula approval, documentation, communicating with the HCP and an overall review. The subsequent trainings will go into more detail and review all formulas for each level, as well as interpreting/ utilizing the *Texas WIC Formulary*. Each Formula Approval IDL will be presented at least twice during the year.
- **Drop ship IDL’s** were revised in November 2009 and can be found at <http://www.dshs.state.tx.us/wichd/nut/Pdf/DropShipProceduresDecember12-21-09.pdf>. New updated procedures are now on the web and are designed to guide the CA to avoid some common errors and pitfalls. Update your copies and attend the new trainings.
- **The Texas WIC Formulary will be updated in Spring 2010 and will reflect some policy and issuance guidelines.** For example, the guidelines for issuing Pediasure and other pediatric supplements will change. FTT will be used as a qualifying condition with some definitions. Also, elemental formulas and trial of protein hydrolysates prior to issuance will also be clarified and changed according to the medical diagnosis. We will provide a review of the updated formulary via Qwest/ formula conference call.

**Formula Conference Call
January 2010
Question and Answers**

The following summary incorporates all the questions that were asked during the Formula Conference Calls presented on January 12th and January 19th 2010 and answers per state WIC staff.

New Since the Conference Call

A prescription is no longer needed to request gluten-free cereal beginning March 1, 2010.

Trial of Contract Formulas

The doctor writes in that a trial on contract formula is medically contraindicated due to "intolerance to contract formula", is this sufficient to waive a trial on contract formula?

This statement alone is not a "medical condition" and does not provide an obvious reason to continue on the non-contract formula.

Additional information may be required in these cases. How severe was the intolerance? What were the problems encountered? How old is the infant? When the last time contract formula was was tried? Are there any chronic or acute medical conditions? Based on the answers, you can determine whether to request a trial on the contract formula.

Medical Request Form

Will both State Agency designed forms be accepted once revised?

Both revised Medical Request Forms will be accepted.

Will the new medical request form allow whole milk to underweight children without the request for formula, i.e. Pediasure?

Federal regulations do not permit the issuance of whole milk unless a medical need for formula also exists.

If the new form is used and the doctor does not check "issue full provision of foods" and the doctor can not be reached, what should we do?

If the doctor could have omitted foods, but did not omit any foods, assume the full provision of food is ok. Use professional judgment if the diagnosis and formula indicate some foods should be omitted.

Example:

Nutramigen is requested for milk protein allergy. Omit cheese and milk due to diagnosis.

If the doctor does not check the formula only box can we get a verbal statement to omit all foods?

Yes, the doctor can verbally state “no foods, formula only.” Since you have a signed Rx form, you may approve for the requested length of issuance if it meets other guidelines for that formula.

Soy

Are there any plans of incorporating soy cheese as an option with the soy food packages?

At this time there are no plans to incorporate soy cheese into food packages.

If the doctor is requesting soy milk, should the client be given a lactose-free package prior to issuing soy milk?

You may discuss lactose free milk as an alternative but client does not have to try lactose free milk prior to obtaining soy milk.

Drop Ship

Please clarify which Kid Essentials we are authorized to drop-ship?

Kid Essential 1.5 (code 475 & 476) is not available at the retail stores and is only available by drop ship or at one of the approved DME's. Kid Essentials 30 calories (code 492) should be available at most retail stores.

Other

We have been requiring a written request to change from a non-contract formula to a contract formula. Does this prescription need to be written on the new Rx form?

It is not necessary to have a written prescription to return to a contract formula while a non-contract prescription is still valid. Obtaining verbal approval from the doctor is sufficient.

Do contract formulas, including Go & Grow, still need a prescription after the age of 12 months?

All requests for formula require a prescription for children 12 months and older. This includes Go & Grow and all other contract formulas.